

<i>SERFF Tracking Number:</i>	<i>AMLC-126961422</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Globe Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>47636</i>
<i>Company Tracking Number:</i>	<i>GJUVLUR</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Loss of Use Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>Loss of Use Benefit Rider/</i>		

Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: Loss of Use Benefit Rider

SERFF Tr Num: AMLC-126961422 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed

State Tr Num: 47636

Sub-TOI: L08.000 Life - Other

Co Tr Num: GJUVLUR

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Toni Thompson

Disposition Date: 02/14/2011

Date Submitted: 01/04/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Loss of Use Benefit Rider

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/14/2011

State Status Changed: 02/14/2011

Deemer Date:

Created By: Toni Thompson

Submitted By: Toni Thompson

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval is a Loss of Use Benefit Rider to be used with our general life portfolio.

This form is being submitted as a new filing. It will not replace any previously approved forms.

An Actuarial Memorandum, Statement of Variability, a Readability Certification and any other required supporting documentation are provided for your consideration.

To the best of our knowledge and belief this form complies with the laws and regulations of your state, and does not contain any language that is unusual in terms of normal company or industry standards.

SERFF Tracking Number: AMLC-126961422 State: Arkansas
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Should you require additional information or if there are any questions, please contact me at 972-569-4046, or by email at tthompson@torchmarkcorp.com. Your approval of this product will be greatly appreciated.

Sincerely,

Toni Thompson
 Sr. Compliance Analyst

Company and Contact

Filing Contact Information

Toni Thompson, Compliance Analyst tthompson@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-4046 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

Globe Life and Accident Insurance Company	CoCode: 91472	State of Domicile: Nebraska
204 North Robinson Avenue	Group Code: 290	Company Type: Life and Health
Oklahoma City, OK 73102	Group Name: Liberty National	State ID Number:
(405) 270-1400 ext. [Phone]	FEIN Number: 63-0782739	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$0.00	01/04/2011	
Globe Life and Accident Insurance Company	\$50.00	02/07/2011	44462571

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/14/2011	02/14/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	01/05/2011	01/05/2011	Toni Thompson	02/07/2011	02/09/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
\$50.00 fee	Note To Reviewer	Toni Thompson	02/09/2011	02/09/2011

<i>SERFF Tracking Number:</i>	<i>AMLC-126961422</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 02/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Loss of Use Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>Loss of Use Benefit Rider/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Form	Loss of Use Benefit Rider		Yes

SERFF Tracking Number: *AMLC-126961422* *State:* *Arkansas*
Filing Company: *Globe Life and Accident Insurance Company* *State Tracking Number:* *47636*
Company Tracking Number: *GJUVLUR*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Loss of Use Benefit Rider*
Project Name/Number: *Loss of Use Benefit Rider/*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/05/2011
Submitted Date 01/05/2011
Respond By Date 02/07/2011

Dear Toni Thompson,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$50.00 filing fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Company Tracking Number: GJUVLUR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Loss of Use Benefit Rider
Project Name/Number: Loss of Use Benefit Rider/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/07/2011
Submitted Date 02/09/2011

Dear Linda Bird,

Comments:

I apologize for not responding before. I inadvertently deleted the request for the fee. I have requested a check via EFT in the amount of \$50.00.

Response 1

Comments: Please see an EFT fee in the amount of \$50.00.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$50.00 filing fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Toni Thompson

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Note To Reviewer

Created By:

Toni Thompson on 02/09/2011 02:29 PM

Last Edited By:

Toni Thompson

Submitted On:

02/09/2011 02:29 PM

Subject:

\$50.00 fee

Comments:

I have requested the \$50 fee, Please excuse the oversight.

SERFF Tracking Number: AMLC-126961422 State: Arkansas

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Company Tracking Number: GJUVLUR

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Product Name: Loss of Use Benefit Rider

Project Name/Number: Loss of Use Benefit Rider/

Form Schedule

Lead Form Number: GJUVLUR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GJUVLUR	Policy/Cont Loss of Use Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48.810	GJUVLUR.pdf

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
GLOBE LIFE CENTER * OKLAHOMA CITY, OKLAHOMA 73184 * (405) 270-1400

LOSS OF USE BENEFIT RIDER

Forming a part of any Policy or Certificate to which it is attached

Effective the date shown below (or the Date of Issue of the Policy or Certificate), We have issued this rider for Your policy or certificate. Please keep this agreement with Your policy or certificate number as shown.

INSURED: [John Doe]

PRINCIPAL BENEFIT AMOUNT: [\$5,000]

POLICY OR CERTIFICATE NO: [00-1234567]

ANNUAL PREMIUM OF RIDER: [\$6.00]

DATE OF ISSUE: [06/30/10]

RIDER EXPIRY DATE: [06/30/30]

LOSS OF USE BENEFIT: We agree to pay the Beneficiary the Loss Of Use Benefit stated in this rider if both:

1. This rider is in force,
2. We receive due proof of the Insured's Loss Of Use at Our Administrative Offices in Oklahoma City, Oklahoma.

Such payment is subject to the provisions of this rider. Loss Of Use Benefits are in addition to other sums due under the policy or certificate. Rider Benefits and premium will terminate on the Policy or Certificate Anniversary following the Insured's 26th birthday.

The total Loss Of Use Benefit paid for multiple losses will not exceed the Principal Benefit Amount

DEFINITIONS

BENEFICIARY: A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

EVIDENCE OF INSURABILITY: Satisfactory proof, as determined by Us, that a person is acceptable for insurance.

POLICY/CERTIFICATE ANNIVERSARY: Shall be determined from the Policy/Certificate Effective Date as listed in the Policy/Certificate Schedule.

WE, OUR, US, or COMPANY: Globe Life And Accident Insurance Company at Our Administrative Office in Oklahoma City, Oklahoma.

YOU, YOUR, or YOURS: The Owner of this rider.

LOSS OF USE BENEFIT

Benefits will be payable as shown below if an Insured suffers a loss described in the table below. The Insured must be alive 90 days following the loss. The loss must occur while the Insured is covered by the rider.

If more than one such loss is sustained from the same cause, only one benefit, the largest, is payable.

Loss:	Percentage of the Principal Benefit
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either One Hand or One Foot and Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Either One Hand or One Foot	50%
Sight of One eye.....	50%
Hemiplegia	50%

Loss, when referring to:

- 1) Hand or foot, means the actual severance through or above the wrist or ankle joints.
- 2) Sight of eye, means entire and irrevocable loss of sight.
- 3) Hemiplegia, means the complete and irreversible paralysis of upper and lower limbs on one side of the body.
- 4) Paraplegia, means the complete and irreversible paralysis of both lower limbs.
- 5) Quadriplegia, means the complete and irreversible paralysis of both upper and lower limbs.

EXCLUSIONS

This rider does not cover loss that results from a cause that occurs outside of the United States and Canada unless the Insured is a citizen of the United States or Canada.

This rider does not cover a loss that is caused by or contributed to by, either directly or indirectly:

1. Attempted suicide or intentionally self-inflicted bodily injury, or any attempt thereat, while sane or insane (reference to insane not applicable in Missouri);
2. Being under the influence of any drug, narcotic, or controlled substance unless taken or used as prescribed by a physician;
3. Voluntary gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
4. Being under the influence of alcohol (having a blood alcohol level of .08 percent weight by volume or higher);
5. Participation in any contest of speed or endurance (driving or riding in any race);
6. Operating any motor vehicle for recreational purposes other than on paved roads or surfaces constructed for public use (i.e. off road);
7. Air travel except as a fare paying passenger on a regularly scheduled commercial flight;
8. Taking part in a riot, insurrection, armed conflict, or terrorist act;
9. Skydiving, scuba diving, hang gliding or hot air ballooning;
10. Committing or attempting to commit an assault, felony, or any other illegal act;
11. Service in the military, naval or air services of any country (combat or training exercises);
12. War, or act of war, whether declared or not;
13. Injury intentionally inflicted by another due to participation in gang related activity unless you are an innocent bystander not involved in any such activity; or
14. Any medical condition existing at birth or the treatment thereof.

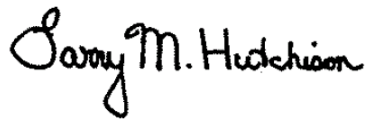
NONPARTICIPATING: This rider does not participate in Our surplus or earnings.

TERMINATION OF RIDER: This rider will end without notice when the first of these occurs:

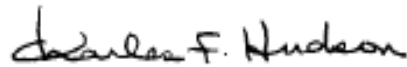
1. We pay total benefits equal to the Principal Benefit Amount.
2. The attached policy or certificate is surrendered, or lapsed or expires.
3. You do not pay the premium for the attached policy or certificate or for this rider when due or within the grace period.
4. Rider expires at the date shown on Page 1 of this rider.
5. You convert the attached policy or certificate.
6. You ask Us in writing to cancel this rider and send the policy or certificate for endorsement. You must make the request within 31 days after a premium due date.

PAYMENT OF PREMIUMS: The Annual premium for this rider is shown either on page 1 of this rider or in the policy or certificate Specifications. The consideration for this rider is the attached application or enrollment form, if any, and the first premium. The premiums for this rider do not increase any guaranteed values in the attached policy or certificate.

EFFECTIVE DATE: This rider is effective from the Date of Issue of the attached policy or certificate unless stated otherwise above.



Secretary



President

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
GJUVLUR Read cert.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment:			
GJUVLUR SoV.pdf			

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
OKLAHOMA CITY, OKLAHOMA

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
GJUVLUR	48.810

January 4, 2011

Date



Michael J. Gaisbauer, Vice President

FORM S-1351

Statement of Variability

Globe Life and Accident Insurance Company Rider Form GJUVLUR

Available Values for bracketed/variable sections of this form:

Insured

Insured's name as stated on the application

Policy or Certificate No

Policy number (or certificate number) of the life insurance policy (or certificate) to which this rider is attached

Date of Issue

The date the rider's coverage begins

Principal Benefit Amount

\$1,000 to \$500,000

Annual Premium of Rider

Annual Gross Premiums charged to the policyowner to keep this rider inforce

Rider Expiry Date

That date the rider's coverage will expire.

The date can be any date from the base policy's 1st anniversary to the base policy's expiration date.